

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-357, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 et seq.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U- <b>13615</b>	2. Fiscal Year Covered From: <b>05/01/04</b> Through: <b>12/31/04</b>
3. Name and address of person filing.  Name: <b>T Thomas JN BURKE</b>	4. Name, file number, and address of labor organization  Name: <b>SUPERIOR WORKERS LOCAL #73</b> Labor Organization File Number: <b>636-283</b>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street: <b>4535 DEVO AVE</b>	Street: <b>4550 ROOSEVELT RD</b>
City: <b>BROOKFIELD</b>	City: <b>HILL SIDE</b>
State: <b>IL</b>	ZIP Code + 4: <b>60513</b>
State: <b>IL</b>	ZIP Code + 4: <b>60162-2053</b>
5. Position in labor organization.  <b>FINANCIAL SECRETARY TREASURER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street: _____	_____
City: _____	_____
State: _____ ZIP Code + 4: _____	_____

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

61

On 20/12/04

333

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Name of Person Filing

Thomas W BUREK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Blue Cross Blue Shield of Illinois**

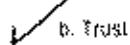
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **500 E RANDOLPH ST.**City **CHICAGO**State **IL** ZIP Code + 4 **60601-5095**

9. Business deals with:

a. Labor Organization



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Sherrill Walker's Local 73 Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **4530 Roosevelt Rd**City **HILLSIDE**State **IL** ZIP Code + 4 **60143-2053**

11.a. Nature of such dealing.

**GOLF OUTING****\$17.66**

11.b. Approximate dollar value of such dealing.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment